Mail Application to: 2012 Unified Carrier Registration A									cation	
Kentucky Transportation Cabinet										
Division of Motor Carriers										
Po Box 2007 Frankfort, KY 40602-2007										
Phone: 502-564-1257										
SECTION 1. GENERAL INFORMATION										
USDOT Number: MC or MX Number: FF Number			FF Number		Telephone Number		F	Fax Number	Number	
Local Names				F. Mail Addrass						
Legal Name: E-Mail Address:										
Doing Business under the Following Name (DBA):										
Principal Place of Business Street Address (See Instructions):										
Principal Business City Principal Business State						Zip Code				
Mailing Street Address										
Mailing City	,		Mailing State				Nailing Zip Code			
SECTION 2. CLASSIFICATION – Check All That Apply										
☐ Mot	or Carrier [☐ Motor Private Carrier		Broker	Leasing Con	npany	☐ Freight F	orwarder		
SECTION 3. FEES DUE-BROKERS, FREIGHT FORWARDERS AND LEASING COMPANIES ONLY										
Note: If your company is also a motor carrier or motor private carrier, skip this section and go to section 4.										
Brokers, freight forwarders and leasing companies (not combined with a motor carrier entity), please submit the amount due of \$76 in the form of										
payment acceptable by your base state and go to Section 7.										
SECTION 4. NO. OF MOTOR VEHICLES—MOTOR CARRIER & MOTOR PRIVATE CARRIER										
Check only one box: Will be returned if you do not mark a box in section 4: Option A The number of vehicles shown below has been taken from section 26 of your last reported MCS-150 form.										
Option B The number of vehicles shown below has been taken from section 26 of your last reported MCS-150 form. Option B The number of vehicles shown below is the total number owned and operated for the 12-month period ending June 30, 2011.										
See Instructions for additional requirements if you select Option B.										
NUMBER OF							COACHES, SCHOOL	SCHOOL		
	LINE NUMBER OF STRAIGHT TRUCKS NO. AND TRACTORS (COLUMN A) (COLUMN A)		(C	OLUMN B)	BUSES, MINI-BUSES, VANS AND			((TOTAL COLUMN D)	
110.				Elividosiives (coediviive)				(OLOWIN D)	
1.	500000000									
	Subtract:									
	(A) The number of vehicles on Line 1 in Column C above that has a vehicle capacity of 10 or less									
2.	passengers, including the driver.									
	(B) (Optional)The number of vehicles on Line 1 in Column A above that are used exclusively in intrastate)	
	transportation. You are required to maintain a list of vehicles excluded under this option. See Instructions for additional requirements if you select this option.									
(Optional) Add a number of vehicles not shown on Line 1 above that are:										
	(A) Commercial motor vehicles operating exclusively in intrastate commerce. (See instructions for definition of									
3.	3. commercial motor vehicle.)									
	(B) Used in commerce to transport passengers or property for compensation and have a GVWR or GVW of 10,000									
lbs or less, or a passenger capacity of 10 or less, including the driver.										
4.	Total Number o	of Vehicles (Line 1 minus	Line 2 pl	us Line 3)						
SECTION 5. FEE TABLE										
Numb	er of Vehicles	Amount Due	N	umber of Vehicles	s Amount Due	,	Number of Vehicle	eg /	Amount Due	
Φπ.		-								
0-2 \$76			6-20	\$452	101-1000			\$7,511		
3-5 \$227				21-100 \$1,576 1001 or more			1001 or more	\$73,346		
SECTION 6. FEES DUE – MOTOR CARRIER & MOTOR PRIVATE CARRIER										
Using the number of vehicles in Section 4, Line 4 above, enter the Amount Due from the table above. Make Check or Money Order Payable to: Kentucky State Treasurer Include USDOT number on Check										
Wake Check of World Tayaote to. Rentucky State Treasurer. Include OSDOT humber on Check.										
SECTION 7. CERTIFICATION I the undersigned under populty for folce statement, certify that the shows information is true and correct and that I am outhorized to execute and file.										
I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant. (Penalty provisions subject to the laws of the registration state.)										
Name of Ow	ner or Authorized Repres	sentative (Printed)	P10 11310I	subject to the la	or the registration	, ii stati	·· <i>,</i>	Date		
Signature						Title				